

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018226

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 820

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10128

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 12 1962	
1. PLACE OF DEATH	
a. COUNTY BUTLER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF Length of stay in 1b 15 DAYS	a. STATE MO. b. COUNTY WAYNE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PATTERSON Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS STAR ROUTE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN CHRISTIAN SCHILDMAN SR	
4. DATE OF DEATH Month Day Year MAY 31 1962	
5. SEX MALE	6. COLOR OR RACE WHITE
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APR 2 1905
9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROAD-MAN	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (City and state or country) LACROSS WIS.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WILLIAM SCHILDMAN	13b. MOTHER'S MAIDEN NAME SARAH BASLER
14. NAME OF HUSBAND OR WIFE NELL CASTELL SCHILDMAN	Address PATTERSON MO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input type="checkbox"/>
17. INFORMANT R NELL SCHILDMAN	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Lower nephron nephrosis	
DUE TO (b) Hemorrhagic pancreatitis	
DUE TO (c) None	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) None	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-16-62 to 5-31-62 and last saw him <input checked="" type="checkbox"/> alive on 5-31-62	
Death occurred at 9:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E T Hansbrough (Print name or title) E. T. HANSBROUGH, M. D.	22b. ADDRESS 623 Pine Blvd. Poplar Bluff, Missouri
22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-2-1962
23c. NAME OF CEMETERY OR CREMATORY WHITE MILL	
23d. LOCATION (City, town, or county) (State) ELLISNORE MO	
24. FUNERAL DIRECTOR GISH	25. DATE RECD. BY LOCAL REG. 6/9/1962
26. REGISTRAR'S SIGNATURE Thelma Graham	

USE BLACK INK OR TYPEWRITER/RIBBON

JUN 13 1962

APR 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Maver E. Bowles

Licensed Embalmer No. 4476

P. O. Address Pickens, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.